Standalone project documentation - Economic report data extraction and quality assessment tools

This document reproduces material from the Drummond et al checklist.[1]

Data extraction - economic evaluations

Item	
Research question	
Intervention	
Comparator(s) and whether this represents standard practice in the UK	
Base case population characteristics and analysed subgroups	
Form of economic evaluation	
If cost-utility analysis, were QALYs[a] reported	
Primary outcome measure(s) for the economic evaluation	
Methods used to value health states and other benefits	
Methods and sources of information used to estimate resource use	
Did the study include start-up provider costs?	
Did the study include ongoing provider costs?	
Did the study include provider costs per contact	
Did the study include costs to patients?	
Currency and price year	
Details of model used and key structural issues and assumptions	
Justification for model used	
Base case time horizon	
Base case discount rates for costs and benefits	
Statistical test(s) and confidence interval(s) for stochastic data	
Sensitivity analyses	
Base case incremental cost-effectiveness ratio	
ICERs[b] for specified subgroups	
Author conclusions	

[a] QALY=quality-adjusted life year

[b] ICER=incremental cost-effectiveness ratio

Quality assessment – economic evaluations[152]

Quality assessment items		**Assessor**				
						Overall
Item	***Sub-item***	*Sub-item assessment*	*Overall item assessment*	*Sub-item assessment*	*Overall item assessment*	*Overall item assessment*
Well-defined question in answerable form?	Did the study examine both costs and effects of the programme(s)?					
	Did the study involve a comparison of alternatives?					
	Was a viewpoint for the analysis stated and was the study placed in a decision-making context?					
Comprehensive description of competing alternatives?	Were there any important alternatives omitted?					
	Was routine practice considered?					
Effectiveness of programme assessed?	Was effectiveness assessed through a randomised, controlled clinical trial? If so, did the trial protocol reflect what would happen in regular practice?					
	Were observational data or assumptions used to assess effectiveness? If so, are there potential biases in results?					
All important and relevant costs and consequences for each alternative identified?	Was the range of outcomes wide enough for the research question at hand?					
	Did the consequences cover all relevant viewpoints? (Possible viewpoints include the community or social viewpoint, and those of patients and third-party payers. Other viewpoints may also be relevant depending upon the particular analysis.)					

	Were the capital costs, as well as operating costs, included?					
Costs and consequences measured accurately in appropriate physical units?	Were any of the identified items omitted from measurement? If so, does this mean that they carried no weight in the subsequent analysis?					
	Were there any special circumstances (e.g., joint use of resources) that made measurement difficult?					
	Were these circumstances handled appropriately?					
	Were unit and total costs transparently reported?					
	Were the methods and sources of resource use credible?					
Costs/ consequences valued credibly?	Were the sources of values identified clearly?					
	Were market values used for changes involving resources gained/ depleted?					
	Where market values were not present or market values did not reflect actual values, were adjustments made to approximate market values?					
	Was valuation of consequences appropriate for the questions posed?					
Costs and consequences adjusted for differential timing?	Were costs and consequences that occur in the future 'discounted' to their present values? <u>If so, were they both discounted at 3.5% per annum?</u>					
	Was there any justification given for the discount rate used?					

Incremental analysis of costs and consequences of alternatives performed?	Were the additional (incremental) costs generated by one alternative over another compared to the additional effects, benefits, or utilities generated?					
Allowance made for uncertainty in estimates of costs and consequences?	If data on costs and consequences were stochastic were appropriate statistical analyses performed?					
	If a sensitivity analysis was employed, was justification provided for choice of variables and the range of values?					
	Were the study results sensitive to changes in the values?					
Discussion of results includes all issues of concern to users?	Were the conclusions of the analysis based on some overall index or ratio of costs to consequences? If so, was the index interpreted intelligently or in a mechanistic fashion?					
	Did the conclusions follow from the data reported?					
	Were the results compared with those of others who have investigated the same question? If so, were allowances made for potential differences in study methodology?					
	Did the study discuss the generalisability of the results to other settings and patient/client groups?					
	Did the study allude to, or take account of, other important factors in the choice or decision under consideration?					
	Did the study discuss issues of implementation, such as the feasibility of					

	adopting the 'preferred' programme given existing financial or other constraints, and whether any freed resources could be redeployed to other worthwhile programmes?					

*Underlined wording is additional to the text in the original checklist

1. Drummond, M.F.S., M.J.; Claxton, K.; Stoddart, G.L.; Torrance, G.W. , *Methods for the economic evaluation of health care programmes*. 1997, Oxford.: Oxford University Press.